

People Living With HIV/AIDS as a Vulnerable Population

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The purpose of this paper is to define and discuss cultural competence and put in practice this concept in discussion of People living with HIV/AIDS as a Vulnerable population.

According to Leddy and Pepper, cultural competence is defined as “developmental process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills” (Hood, 2018, p. 289).

Cultural competence is interacting in a way that is professional and effective but also sensitive at the same time. It helps the healthcare provider to honor and recognize the different life ways, meanings, and significance of different events and concerns in the life of our patients. The patients may come from a vast array of different backgrounds, races and ethnicities, different ages, lifestyle, and lifestyle preferences. Some patients may have other types of practices in a way they access and use healthcare. It may be very different from the perspective of the nurse and other healthcare provider. It is important to identify and respect these differences because they can have a significant impact on the way that the patient is cared for, and the outcome of the care being provided. Some of the problems that can be avoided if the nurse is culturally competent is the risk of having wrong diagnosis. Furthermore, being culturally competent improves the nurse’s competency of care and the quality of services being provided.

In this paper, persons living with HIV/AIDS will be discussed. This population are susceptible not only from illness and pathogens due to having compromised immune system but also are susceptible to judgment and biases from the community in general and even with healthcare providers. One unique need of persons that belong in this population, in terms of their need in healthcare is the elimination biases and stigma regarding their disease. In terms of treatment, patients need a life-long adherence to treatment and medication. This population may

include people from different ages, background, race, and ethnicity. For example, patients that came from predominantly Catholic country such as the Philippines, patients are afraid to seek medical help because of the fear of being judged especially if one is at young age and a female gender. These biases and judgement can lead to physical, mental, and emotional distress such as low self-esteem, depression, not seeking medical help, and suicide ideation and attempt.

A study from Penn State College of Medicine concluded that suicide death risks is much higher in persons living with HIV/AIDS and the completion rate of suicide in North America is more than twice as high than in European countries. Furthermore, the same study suggests that 1 out of 286 suicide attempts will be successful, and that for every two individuals with HIV/AIDS who have suicidal ideation, one person will commit suicide, and out of 13 suicide attempts, one person will complete the suicide that result in death (Pelton et al., 2021).

A similar study from National Library of Medicine concluded that problems with mental health are increased among people living with HIV and that stress results to chronic immune activation that leads to the greater risk of developing mental health issues (Remein et al., 2019). Taking care of the client's mental and psychological health is also part of their holistic care that needs to be addressed for them to have quality of life.

Some biases and judgement that I have whenever I hear the disease HIV/AIDS are thoughts such as they're going to be sick get other illnesses quickly, they're not going to have a family if they have not had one yet. If they are a woman, judgement arise such as they can't have children. If they are gay man, they think that no one will ever love them. There is also an initial rush of judgement of their morals when the word HIV is being mentioned. Emotionally, stigma still exist. In most cases, patients with HIV needs tremendous amount of support and trust to disclose to healthcare provider. Luckily, right information is more accessible to public now than

it was before the internet. People know more information through social media platforms and education in schools. As someone who works in healthcare, it is a responsibility to be unbiased and nonjudgmental in providing information and care to these clients. We must remind these people that HIV disease is not uniform disease that was stigmatized when it first known. There are available treatments that will able them to live a normal life but require lifelong adherence to medication and treatment. There is no doubt that being able to overcome that degree of stigma is essential.

Delivering care to vulnerable population such as the homeless and impoverished which can also be a part of HIV/AIDS population is similar to feeling sense of worth. Being able to help a vulnerable population provides natural sense of accomplishment and a sense of community. There are multiple ways of showing the support for this community such as supporting an organization that advocates for them, donating to research and volunteering in events, using your voice through social media platforms to spread the right information. This population needs a lot of support that they can get. Having the opportunity in the future to make their lives better and make them feel that they are still worthy is a great feeling. Making them feel comfortable is the first step in providing them care. These people are longing for acceptance and normalcy. Although bias and judgement can occur, it is important to examine ourselves as the first step of self-awareness.

References

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